

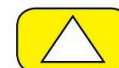
2013 CHIP Final Progress Report

March 2016

Goal Achieved/Being Met



In Progress



Not Started/Behind Target




MENTAL HEALTH




Health indicator	2011 Health Assessment	2015 Health Assessment	HP 2020 Target
Suicide rate per 100,000 adults	15.8	19.3	10.2
Poor mental health in past month	34.2%	36.2%	n/a
Attempted suicide in high school youth	13.8%	14.9%	n/a

Goal 1: Reduce the stigma associated with mental health disorders.

Objective	Strategy	Lead	Progress	Status
1.1 By 2016, increase referrals to appropriate intervention by 20%.	1.1.1 By 2014, determine baseline referral rates for Center for Mental Health, Cooperative Health Center, Project Success, St. Pete's Behavioral Health Unit and Our Place.	Local Mental Health Advisory Council	Individual agencies may track referral rates, but no entity tracks all referrals. Our county has adopted a centralized referral system, but these agencies are not part of the system.	
	1.1.2 Identify gaps and work as a community to find solutions to access to early mental health services.	Local Mental Health Advisory Council	In 2015, the Mental Health Local Advisory Council (LAC) received funding through the Montana HealthCare Foundation to complete a county-wide Mental Health Strategic Plan. The plan will provide the vision of what a functioning mental health system should look like and detail the necessary shift in services and resources to accomplish this.	
	1.1.3 Develop a resource toolkit for groups to target stigma reduction and identify mental health services in the county.	Local Mental Health Advisory Council	Not completed because there weren't funds for this and it wasn't part of any specific agency's focus or agenda.	
	1.1.4 Expand community-based programs that foster healthy relationships and positive mental health options among community residents.	Local Mental Health Advisory Council	Several agencies worked on program enhancements that expanded community-based programs: Journey Home, a new crisis facility opened in October 2014. The Center for Mental Health offered open access for clients, and Our Place, a drop-in center continued to provide services in the community.	

<p>1.2 By 2016, increase by 10% the number of people below 200% of federal poverty level accessing mental health services from Center for Mental Health, CHC, provider referrals from School District Project Success Program and St. Peter's Behavioral Health Unit.</p>	<p>1.2.1 Support agency use of Montana 211 or another established referral system to capture and promote available mental health services in the community.</p>	<p>Local Mental Health Advisory Council</p>	<p>As discussed under strategy 1.1.1, our county has a new centralized referral system housed within Lewis and Clark Public Health. Several agencies, PureView Health Center, and St. Peter's Hospital are in the process of getting on this system.</p>	
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Goal 2: Improve mental health through screening and early interventions.

Objective	Strategy	Lead	Progress	Status
<p>1.3 By 2016, increase by 20% the percentage of people identified early with mental health issues.</p> <p>Reduce the suicide rate among adults from 19.3 per 100,000 to 17.4.</p> <p>Decrease the proportion of high school students who report being depressed for 2 or more consecutive weeks in the past year and stopped doing usual activities from 25.2% to 22.7%.</p> <p>Increase proportion of adults who report fewer than 14 days of poor mental health in past 30 days from 8.5% to 7.7%.</p>	<p>1.3.1 Educate the public regarding mental health screening and the importance of early intervention.</p>	<p>Local Mental Health Advisory Council</p>	<p>Educating the public on mental health screening and early intervention has been an ongoing process. NAMI of Montana has provided ongoing workshops and presentations. Elevate Montana/ChildWise has provided education workshops and trained many professionals in Adverse Childhood Experiences (ACE).</p>	
	<p>1.3.2 Support the Helena School District to increase the number of students who use the Teen Screen tool for depression.</p>	<p>Local Mental Health Advisory Council</p>	<p>The Teen Screen tool is no longer used by the School District. Another tool, called GAINS, is being used now, and a letter is sent to all parents of high school students in the district. InterMountain Services conducts the screening. Parents are also given a handout with the signs of suicide. A small number of parents sign up for the program. A website has been developed called Helena Youth Crisis. This site has extensive information on youth mental health issues.</p> <p>Overall, number of youth screened has declined, according to Youth Connections.</p>	
	<p>1.3.3 Sponsor community screening events using local providers.</p>	<p>Local Mental Health Advisory Council</p>	<p>This was difficult to accomplish because there weren't funds for this and it wasn't part of any specific agency's focus or agenda. No screening events were held.</p>	

Goal 3: Improve mental health by ensuring access to quality services.

Objective	Strategy	Lead	Progress	Status
1.4 By 2016, decrease the number of days between referrals and treatment.	1.4.1 Recruit psychiatrists and other mental health professionals.		No information	
1.5 Increase the number of patient-visit opportunities by mental health professionals.	1.5.1 Provide in-service training to primary care practitioners and other primary contacts to provide medication.		No information	
1.6 Increase the capacity of mental health treatment system in Lewis and Clark County.	1.6.1 Recruit certified APRNs with psychiatric specialties and prescriptive authority.		No information	

Other achievements/actions taken to improve mental health:

Several activities and actions have occurred that have assisted our community in improving mental health:

- Journey Home, a crisis care facility, opened in October 2014. This home was a collaboration of the Center for Mental Health, Western Montana Mental Health and the County Commission.
- The Center for Mental Health is offering free evaluations, open access.
- St. Peter's Hospital is continuing to integrate psychiatric and physical health care.
- Montana Youth Homes has received a Youth Crisis Diversion Grant to coordinate services to youth and their families during and after a mental health crisis in order to stabilize the family. Lewis and Clark Public Health is working to promote the website @HelenaYouthCrisis.org.
- The Lewis and Clark County Detention Center has a therapist that works with the inmates on mental health issues.
- The Helena Consent Referral Program, a community-wide, web-based referral system that ensures families are connected to the services they need and encourages coordination of care between multiple agencies working with individuals and families.
- The Lewis and Clark Mental Health Advisory Council received a grant from the Montana HealthCare Foundation to embark on a strategic planning process for the mental health system.
- Helena School District 1 is continuing to offer screening to all high school students. This program is implemented through Intermountain Services.
- Training on Adverse Childhood Experiences (ACE) continues in the community.
- PureView Health Center has restarted providing behavioral health services to its clients.






Barriers to progress:







Our community does not have a cohesive, comprehensive strategic plan to improve mental health services. A plan will provide the vision of what a functioning mental health system should look like and detail the necessary shift in services and resources to accomplish this. Funding would assist in providing more mental health services in the county.

SUBSTANCE ABUSE

Health indicator	2011 Health Assessment	2015 Health Assessment	HP 2020 Target
Adults engaged in binge drinking	19.6%	24.1%	24.4%
Adults currently smoking	24.7%	18.9%	12.0%
Adults using smokeless tobacco	8.6%	7.1%	0.3%
High schoolers who drink alcohol	41.3%	36.4%	n/a
High schoolers who binge drink	27.8%	19.0%	22.7%
High schoolers who smoke	18.9%	18.4%	16.0%
High schoolers using smokeless tobacco	14.1%	13.1%	6.9%
High schoolers misusing prescription drugs	20.9%	18.6%	6.1%

Goal: Reduce substance abuse to protect health, safety and quality of life.

Objective	Strategy	Lead	Progress	Status
2.1 By 2016, delay average age at which youth begin using alcohol, tobacco, and other drugs.	2.1.1 Maintain community coalition dedicated to reducing substance abuse using a comprehensive prevention plan.	Youth Connections	Youth Connections is still here! They have received additional funding through the Prevention Block Grant to cover staff salaries. Coalition partners are starting to produce a current logic model. A Rx Drug Task Force was formed to address prescription misuse/abuse.	
	2.1.2 Take inventory and identify gaps in prevention efforts.	Youth Connections	No agency has taken the lead on this activity.	
	2.1.3 Expand "social host" ordinance beyond Helena city limits.	Youth Connections	A bill was presented in the 2015 Legislature for a statewide social host law, but it was killed in committee. Advocates, including Lewis and Clark County supporters, will try again in 2017.	
2.2 By 2016, increase by 20% the number of people identified with substance abuse issues and referred to appropriate intervention before addiction.	2.2.1 Support implementation of community consented referral system to systematically track referrals and follow-up to substance abuse interventions.	Youth Connections	The referral system is up and running and being housed at Lewis and Clark Public Health.	
	2.2.2 Support the Helena School District to institutionalize Assistance Teams to improve systematic referrals within schools and from schools to community-based agencies.	Youth Connections	Youth Connections has not had the staff resources to work on this.	

	2.2.3 Train ALL community agencies in the use of consented referral system.	Youth Connections	Lewis and Clark Public Health has hired a consented referral coordinator who is responsible in part for training community agencies in its use.	
2.3 By 2016, increase the percentage of people receiving appropriate, multidisciplinary treatment for substance abuse by 20%.	2.3.1 Support agency use of Montana 211 to capture and promote available chemical dependency services in the community. Identify gaps and work as a community to find solutions to missing chemical dependency supports and services.	Youth Connections		
	2.3.2 Provide age-appropriate treatment options at various times of day.	Youth Connections	Intermountain has signed a contract with Helena School District 1 to provide billable counseling at schools.	
	2.3.3 Improve public transportation system to include stops at more substance abuse treatment facilities.	Youth Connections		
	2.3.4 Educate community providers on financial options for treatment.	Youth Connections		
	2.3.5 Work as a community to increase available financial options for treatment.	Youth Connections		

Other achievements/actions taken in past year to reduce substance abuse:

- A Rx Drug Forum was held in October 2015 to educate the public about the issues of prescription drug misuse/abuse. PSAs were run in June and October, and a new website -- ReduceRxAbuse.com -- was developed with resources for the community specifically addressing prescription drug misuse/abuse.
- A medication safety committee was assembled at the hospital to address the prescribing side, but that has since been dissolved.
- A spiritual life committee was formed to engage the faith-based leaders in substance abuse prevention.
- Bengal Pure Performance joined efforts with Mentoring Teens Against Drugs at Helena High School (HHS). Neither group is in existence at Capital High School. The HHS students have visited 3 elementary schools and Helena Middle School to discuss healthy living, which includes being drug/alcohol-free.
- The Montana Attorney General's office ran PSAs discussing the importance of using medications correctly. They also have a website with information.

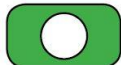
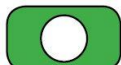

Barriers to progress:


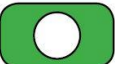

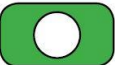
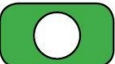
Funding. The latest data also shows teens stating they are getting alcohol from their parents, so additional education needs to happen. A zero tolerance policy from the school district would go a long way to addressing substance use among youth.







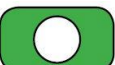
CHRONIC DISEASE

Health indicator	2011 Health Assessment	2015 Health Assessment	HP 2020 Target
Adults who are physically active	19.5%	22.5%	n/a
High schoolers who are physically active	50.6%	54.0	n/a
Adults at a healthy weight	42.3%	38.6%	33.9%
High schoolers who report overweight	26.9%	29.2%	n/a
Middle schoolers	22%	26.3%	n/a
Adults who report having asthma	9.1%	15.1%	n/a
Cancer incidence per 100,000 adults	451.8	462.6	n/a
Adults who have had a stroke	2.3%	2.2%	n/a
Adults who have had heart attack	3.3%	5.7%	n/a
Adults diagnosed with diabetes	5.9%	6.6%	n/a

Goal: Reduce incidence of chronic diseases.

Objective	Strategy	Lead	Progress	Status
3.1 By 2016, increase the number of adults who say they participate in physical activity outside their job from 19.5% to 22%.	3.1.1 Support community policies for built environment that enhance access to and availability of physical activity opportunities.	Healthy Communities Coalition	<ul style="list-style-type: none"> Further implementation of the Complete Streets ordinance through revision of the city Subdivision Regulations, and the city Engineering Standards. Completion of revisions of both the Greater Helena Area Transportation Plan and the Lewis and Clark County Growth Policy that include considerations for improving biking and walking. City adopted a snow removal policy for sidewalks to facilitate better access for pedestrians. Prioritization of funds for increasing pedestrian/bicycle access. 	
	3.1.2 Promote walking and bicycling – both indoor and outdoor alternatives.	Healthy Communities Coalition	<ul style="list-style-type: none"> Safe Routes to School and Bike Walk Helena continue promotion and coordination. Convened group of the many stakeholders involved in outdoor activities around the community. Identified ways to support and enhance one another's efforts. 	
	3.1.3 Enhance policies and educational campaigns that increase safety for pedestrians and bicyclists.	Healthy Communities Coalition	<ul style="list-style-type: none"> Continued support for enforcement of ban on texting in Helena. May Commuter Challenge with web-based team registration and safety information. HCC members participated in implementation of MDT's Transportation Safety Plan 	

3.2 By 2016, increase percentage of youth who report being physically active 1 hour or more on at least 5 of last 7 days.	3.2.1 Increase physical activity opportunities available to school-aged children.	Healthy Communities Coalition	<ul style="list-style-type: none"> • Bicycle Rodeos combined with county bookmobile stops. • Bike Walk to School month activities. • Due to loss of funding, Bike Walk Helena and Safe Routes to School merged to become a program of Bike Walk Montana; they're now able to apply for funds under the BWM nonprofit status. • Exploration Works provides early childhood education on science, technology, engineering and math. They include interactive physical activity opportunities and special exhibits like <i>Run, Jump, Fly</i> and <i>Eat Well Play Well</i>. EW is partnering with WIC, No Kid Hungry Coalition and SNAP Ed to make participation in this programming more available to lower income folks. • Provided a letter of support for adoption of a "150 Policy," which would require K-6 students to have at least 150 minutes per week of physical activity. 	
3.3 By 2016, increase the number of adults who report they are at a healthy weight from 42.3% to 47%.	3.3.1 Increase participation in community gardens.	Healthy Communities Coalition	New community gardens established (examples: 6 th Ward garden park in lower income community, Exploration Works)	
	3.3.2 Increase accessibility and affordability of healthy foods.	Healthy Communities Coalition	Healthy Communities Coalition received 2 grants specifically aimed at increasing accessibility of healthy food and physical activity. The Plan for Health grant (\$125,000) will pay for the creation of an Active Living Wayfinding System and Communication Plan. The other grant, Reaching People with Disabilities through Healthy Communities (\$22,800) is complementary in that it will pay for a couple of assessments of the current accessibility of trails etc. for all users to obtain food.	
	3.3.3 Offer community classes on how to prepare grains, legumes, and fresh produce.	Healthy Communities Coalition	<ul style="list-style-type: none"> • Exploration Works provides nutrition classes, community gardens and special exhibits like <i>Run, Jump, Fly</i> and <i>Eat Well Play Well</i>; EW is partnering with WIC, No Kid Hungry Coalition and SNAP Ed to make participation in this programming more available to lower income families. • Additional classes offered by MSU Extension SNAP Ed Program. • No Kid Hungry Coalition 	
	3.3.4 Increase knowledge of healthy food and beverage choices.	Healthy Communities Coalition	Working with 5 area schools on school and worksite wellness, including healthy nutrition, healthy fundraisers, and healthy snacks.	

	3.3.5 Include nutritional information in cancer screening materials.	Healthy Communities Coalition	The new cancer-screening enrollment forms for the state cancer control program include a question asking whether enrollees are interested in receiving information on nutrition and physical activity.	
	3.3.6 Increase the number of worksites that offer weight management classes or counseling.	Healthy Communities Coalition	LCPH has supported worksites wanting to adopt policies and practices on healthy living (nutrition, physical activity, cancer screen and tobacco free campuses)	
	3.3.7 Replace sugary drinks in vending machines or remove vending machines from workplaces.	Healthy Communities Coalition		
3.4 By 2016, reduce the number of middle and high school students who report being overweight. Middle school: 22% to 19% High school: 26.9% to 22%	3.4.1 Ensure fresh fruits and vegetables are offered to students for breakfast, lunch and vending machine options in school settings.	Healthy Communities Coalition	<ul style="list-style-type: none"> Food Share, Helena School District, Youth Connections, and No Kid Hungry are addressing this through a "Backpack Program." Helena school district adopted new FDA guidelines for school lunches. Local parks offer healthy "feeding programs" for kids out of school. 	
	3.4.2 Replace sugary drinks in vending machines or remove vending machines from schools.	Healthy Communities Coalition	Augusta School District has done this. Healthy Communities Coalition is working with other schools to make this change.	
3.5 By 2016, reduce percentage of adults who report having asthma symptoms from 9.1% to 7% by improving air quality.	3.5.1 Promote installation and use of EPA-approved woodstoves.	Healthy Communities Coalition	Health department is implementing EPA's PM Advance Program to educate the public on how to use wood stoves in a way that pollutes less.	
	3.5.2 Reduce exposure to tobacco smoke through policies and education.	Healthy Communities Coalition	<ul style="list-style-type: none"> City of Helena adopted a tobacco-free policy for all developed city parks. MT Board of Housing changed the Qualified Allocation Plan for public funding to require that public housing be smokefree. It is now a threshold requirement for all applications versus a voluntary item. 	

Barriers to Progress





In order to truly address health disparities, the community needs to look at larger factors related to closing wage gaps and decreasing the high cost of food in the intermountain region due to shipping costs.





The public needs to recognize the importance of creating a fund for nonmotorized transportation infrastructure that would increase safety year-round for walking, bicycling, and using wheelchairs.

MATERNAL AND CHILD HEALTH

Health indicator	2011 Health Assessment	2015 Health Assessment	HP 2020 Target
Women who smoked during pregnancy	19.1%	17.3%	1.4%
Kids 19-35 mos who are fully immunized	75.0%	n/a by county	80.0%
Low birth-weight babies	8.8%	8.1%	7.8%
High schoolers who use condoms	28.9%	23.6%	n/a

Goal: Improve the health and well-being of women, infants and children.

Objective	Strategy	Lead	Progress	Status
4.1 By 2016, reduce the percentage of women who smoke during pregnancy from 19.1% to 14.1%	4.1.1 By 2014, determine percentage of prenatal care settings in county that order or provide tobacco cessation counseling during prenatal visits.	Early Childhood Coalition	Women's Health Care Center Helena Obstetrics	
	4.1.2 By 2016, increase tobacco use cessation counseling programs offered in prenatal care settings by 5%.	Early Childhood Coalition	<ul style="list-style-type: none"> First Breath Prenatal – 3 months post-partum offered by RN at the health department (CO monitoring, motivational interviewing, incentives) St. Peter's offers Quit for Life, but not often or on a consistent schedule (1-3/yr). Started conversations with PureView Health Center to determine if its Behavioral Health Program could offer tobacco cessation assistance. Health department gave presentation to OB/Peds Provider Committee at St. Peter's to encourage consistent messages when discussing tobacco use during pregnancy. Message: No safe use of tobacco during pregnancy. No evidence of risk to mom or baby when attempting to quit during pregnancy. 	
4.2 By 2016, increase the percentage of children 19-35 months who are fully immunized from 75% to 80%.	4.2.1 By 2014, determine percentage of ambulatory-care vaccine providers that use reminder and recall systems.	Early Childhood Coalition	Health department uses a reminder and recall system.	
	4.2.2 By 2016, increase ambulatory care vaccine providers that use reminder and recall	Early Childhood Coalition		

	systems by 5%.			
4.3 By 2016, reduce the percentage of babies born at low birth weight from 8.8% to 7.8%.	4.3.1 By 2016, increase participation in WIC and home visiting services by pregnant women by 5%.	Early Childhood Coalition	<ul style="list-style-type: none"> Home visiting services at the health department have expanded over the past year due to increased capacity of the Partnership (Public Health, AWARE, and Florence Crittenton) to offer services. A menu of programs aim to meet the needs of high-risk families. WIC participation has decreased steadily over the past year. The trend can also be seen at the national and state levels. Integration between WIC and home visiting programs has been achieved, resulting in increased referrals from WIC to HV and care coordination for families receiving both services. 	
	4.3.2 Promote available resources that provide education and information on healthy pregnancy.	Early Childhood Coalition	<ul style="list-style-type: none"> The Early Childhood Coalition launched a website in 2015, promoting communitywide services available to families to encourage healthy pregnancy and healthy families. Fully utilize health department website and facebook page to promote available services. Extensive outreach efforts with referral sources to increase awareness of available services and encourage referrals to programming. The Helena Consented Referral System has provided agencies with the necessary tool to make and receive referrals across the community. This tool has improved service connection for families. 	
4.4 By 2016, increase the percentage of high school and middle school youth who used a condom during last sexual intercourse.	4.4.1 By 2014, identify where free condoms are available to youth.	Early Childhood Coalition	Lewis and Clark Public Health Planned Parenthood PureView (provided by Public Health)	
	4.4.2 By 2016, increase by 10% the locations where free condoms are available to youth.	Early Childhood Coalition	No information	

Other achievements/actions taken in the past year to improve maternal and child health:

- Public Health partnered with Partners in Pediatrics to assess for Adverse Childhood Experience (ACEs). All parents are screened at the child's 4-month appointment. An ACE score of 4 or more automatically gets a referral to the ACE Action Team, where parents can learn more about ACEs and ways to prevent high ACE scores for their children.
- The Early Childhood Coalition increased collaboration between agencies offering parenting education classes. There is a joint calendar located on the ECC website that promotes all available classes. This will also help agencies when scheduling to avoid overlapping, making referrals, and encouraging conversations to fill gaps in service.
- The ECC Home Visiting Task Force is working to improve information-sharing practices among agencies delivering home visiting services for the purpose of care coordination resulting in families receiving a higher quality of care.

- Public Health has developed a breastfeeding education and support group for prenatal and post-partum women as a strategy to increase initiation and duration of breastfeeding.
- Early Childhood Coalition advocated for the Public Safety Initiative with the message of investing in early childhood interventions as a primary prevention strategy to reduce criminal behavior.
- Early Childhood Coalition advocated for the Governor's Early Edge initiative, which would have provided state-funded preschool programming for all. Legislature did not fund the \$37 million initiative.
- St. Peter's Hospital is adopting an opt-out process for referrals to home visiting services for every family with a newborn leaving the hospital.
- St. Peter's Hospital has been designated a "baby friendly" hospital.
- Helena Consented Referral System has over 50 programs and agencies using the system to make and receive referrals for families in need of services. Since October 2014, over 850 referrals have been made using the system. Systematically improves early identification and referral efforts across the community.

Barriers to progress:

- Funding
- Stigma around asking for help
- Limited public health program infrastructure to serve children with special health-care needs (acute medical case management)
- Space availability in public health
- Slow bureaucratic change processes
- Interconnected electronic medical records across the community

ACCESS TO HEALTH CARE

Health indicator	2011 Health Assessment	2015 Health Assessment	HP 2020 Target
Number of primary-care physicians	n/a	n/a	n/a
Public transportation to health facilities	n/a	n/a	n/a
Children receiving routine checkups	n/a	n/a	n/a
Had trouble accessing health care	n/a	50.6%	n/a
Adults who have health insurance	n/a	91.3%	100.0%
Screened for cervical cancer	81.7%	n/a	93.0%

Goal: Improve access to health-care services.

Objective	Strategy	Lead	Progress	Status
5.1 By 2016, increase the number of primary-care providers to increase availability of medical appointments.	5.1.1 By 2014, determine number of providers needed for county population.		In 2015, St. Peter's Hospital recruited 10 new physicians, including 2 primary-care providers and 2 general surgeons.	
	5.1.2 By 2016, increase availability of midlevel providers.		In 2015, St. Peter's Hospital recruited 7 new midlevel providers, including 2 who work in primary care.	
5.2 By 2016, increase Helena Area Transit Service routes and checkpoints at health-care facilities.	5.2.1 By 2014, determine routes and checkpoint locations needed.		<p>Healthy Communities Coalition and others participated in community-wide process that studied increasing number of HATS fixed routes and expanding service to a wider area. City Commission chose not to accept these citizen recommendations.</p> <p>Current HATS fixed route stops at PureView Health Center and St. Peter's Hospital. Stops within 2 blocks of St. Peter's Medical Group (Broadway and North), Golden Triangle on Jackson, and Urgent Care on Neill.</p> <p>City of Helena received a Section 5304 state planning contract to plan for ADA-compliant bus stops on current and proposed routes.</p>	
5.3 By 2016, increase number of children receiving routine checkups.	5.3.1 By 2014, determine percentage of children in county receiving routine checkups.		No information.	
	5.3.2 By 2016, increase children screened by 5% over 2014 baseline.		No information.	